

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT _____

ACCOUNT NO. _____ **a** _____
(Corporation, partnership, individual, etc.)

FEDERAL ID NO. _____

having its principal office at _____ **does**
hereby constitute and appoint

its true and lawful attorney in fact with full power and authority to represent the said

_____ before the
Alabama Unemployment Compensation Agency until further notice in the following matter(s), to
wit:

(Check appropriate box)

☐ **TAX ----** The filing of reports, payment of contributions, Cost Statements (quarterly),
Tax Rate Notices (annually), and any legal documents, i.e., assessments,
garnishments, etc., or obtaining other account information as is permissible,
(employer reporting data, rates and liability dates).

☐ **BENEFITS ---** Requests for separation, 1st notice of payment of benefits for charge
purposes, employer's protest of benefit claims and information relative
thereto.

☐ **TAX AND BENEFITS ---** As described above.

This authorization cancels and supersedes all prior authorizations.

IN WITNESS WHEREOF, the said _____

_____ has caused this instrument to be duly attested by the signature of its duly qualified officer this

_____ day of _____, _____.

[NOTARY SEAL]

By

Duly Qualified Officer

Title

Notary Public

Witness